

Your information

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Identify your role: _____

LABOR AND INDUSTRIAL RELATIONS APPEALS BOARD

STATE OF HAWAII

| | | |
|-------------------|---|-------------------------|
| _____ |) | CASE NO.: AB _____ |
| |) | DCD No.: _____ |
| Claimant, |) | |
| |) | |
| vs. |) | Date of Accident: _____ |
| |) | |
| _____ |) | |
| |) | |
| Employer, |) | |
| |) | |
| and |) | |
| |) | |
| _____ |) | |
| |) | |
| Insurance |) | |
| Carrier/Adjuster. |) | |
| _____ |) | |

NOTICE OF NON-HEARING MOTION and CERTIFICATE OF SERVICE
(to be attached to non-hearing motion documents)

You are hereby notified that the Motion attached hereto has been
filed with the Labor and Industrial Relations Appeals Board.

If a party desires a hearing on the motion, then such request must be filed with the Board no later than 14 days after the date of this notice. Any joinder to the motion or any memorandum in opposition must be filed no later than 14 days after the date of this notice. Reply memoranda may be filed within 21 days after the date of this notice.

The Board will then consider the motion and related filings and issue an appropriate order.

If no hearing is requested or no opposition memorandum is filed within 14 days, the Board will consider the motion and issue an appropriate order.

Refer to the Board's June 14, 2024 Administrative Order 2024-02 for information about filing documents with the Board. (See <https://labor.hawaii.gov/lirab/files/2024/06/06-14-24-Administrative-Order-2024-02-CERTIFIED.pdf>)

Dated: _____

Signed: _____

Print Name: _____

(Certificate of Service on the following page)

CERTIFICATE OF SERVICE

(Attach this form as the last page of the filed documents)

I hereby certify that a copy of the foregoing document was sent to the following by means of hand-delivery, e-mail, and/or U.S. Mail, postage prepaid at the last known address/addresses, on the date noted below:

Name: _____

Address (line 1): _____

Address (line 2): _____

City, State, Zip: _____

Identify Method of Service _____

Name: _____

Address (line 1): _____

Address (line 2): _____

City, State, Zip: _____

Identify Method of Service _____

Name: _____

Address (line 1): _____

Address (line 2): _____

City, State, Zip: _____

Identify Method of Service _____

Dated: _____

Signed: _____

Print Name: _____